Name in Full: Charles Angell

Certificate of Death: Dr. Diller

Died at: near D. P. Creek — Town: D. P. Creek — County: Frederick — MARYLAND

Date 189 9 Month Feby Day 4 | Age Y. 76 M. 1 D. 16 | Native of Md. | Occupation Retired

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living 6

Husband / ~~Wife~~ of Julia Koontz (dead)

Father's Name John Angell | Mother's Name Elizabeth Frock

Cause of Death: Primary Senile Bronchorrhoea | How long sick 5 days

Immediate General Dibility 77 | ~~Accident, Suicide, Homicide~~

Reported by Chas. H. Diller M.D.

Address D. P. Creek Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name in Full

Matilda T Boyer.

Certificate of Death

Died at Town: Fountain Mill, County: Frederick MARYLAND

Date 189 9 Month 2 Day 7 Age Y. 84 M. D. Native of Md. Occupation Domestic

~~Male~~ Female White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 3.

~~Husband~~ Wife of James T Boyer. (Dead)

Father's Name —— Mother's Name ——

Cause of Death: Primary Gastritis. 81 How long sick 20 days

Immediate Exhaustion —

~~Accident, Suicide, Homicide~~

Reported by J W Downey MD

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

This is my last report of
death unless I am
furnished with addressed
Stamped envelope.
also note same concerning
Report of births,

J. A. Downey

Name in Full — Brown — Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 4 Month 2, Day 22 | Age Y. — M. — D. — | Native of Md | Occupation X

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number ~~of children~~ living

Husband / Wife of X

Father's Name Albert Brown | Mother's Name Mary Ugle

Cause of Death — Primary: Infantile Convulsions | How long sick 1 hour

Immediate: 49 | Accident, Suicide, Homicide

Reported by Anna Mathews. Midwife

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah J. Brown,

Died at Town: Frederick County: Frederick Co MARYLAND

Date 189 9 Month: July Day: 26 | Age Y. 72 M. 7 D. 25 | Native of Penn. | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 1

Husband / Wife of Daniel H Brown

Father's Name Homer | Mother's Name 92

Cause of Death: Primary Congestion of Lungs, | How long sick About 3 Weeks

Immediate Exhaustion, | Accident, Suicide, Homicide

Reported by William G. McCauley

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

Name in Full

Certificate of Death

Hanson Cluny

Town

County

Died at New Woodville Frederick MARYLAND

Date 189 9 Month July Day 19 | Age Y. 80 M. D. | Native of Frederick Co Hanover | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband ~~Wife~~ of Jennie Cluny

Father's Name

Mother's Name Polly Cluny

Cause of Death: Primary Pneumonia 72 | How long sick 9 days

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by D. McDurbin MD

Address Woodville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065

Name In Full

Certificate of Death

Jeremiah Cromer

Died at Town near Mt. Pleasant County Frederick MARYLAND

Date 1899 Month 2 Day 21 | Age Y. 79 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle 2-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838

Name in Full Philip Curry

Certificate of Death

Died at Town Unionville County Frederick MARYLAND

Date 1899 Month Feb. Day 25 Age Y. 75 M. D. Native of Md. Occupation Day laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living Five 5

Husband / Wife of Elizabeth Richardson

Father's Name Jerry Curry Mother's Name Mary Davis

Cause of Death: Primary Pneumonia — How long sick 10 days

Immediate —

Accident, Suicide, Homicide

Reported by Thomas P. Sappington

Address Unionville Frdk. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: John W. Derzbaugh

Certificate of Death

Died at Town: Frederick, County: Frederick, MARYLAND

Date 1894 Month: 2 Day: 7 | Age Y.: 76 M.: 4 D.: 17 | Native of: Md. | Occupation: Cabinet Maker

Male ~~Female~~ | White ~~Colored~~ | Married ~~Widow~~ ~~Single~~ ~~Widower~~ ~~Divorced~~ | Number of children living 5

~~Wife~~ Husband of Phoebe Metzger

Father's Name: George Derzbaugh | Mother's Name: Catharine Kreglo

Cause of Death: Primary: Paralysis 44 | How long sick: 8 years

Immediate: Asthenia | ~~Accident, Suicide, Homicide~~

Reported by: L. P. Haffner M. D.

Address: Frederick Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Ann Dorsey

Certificate of Death

Died at Town Motters Station County Frederick MARYLAND

Date 189 9 Month 2 Dey 28 Age Y. 86 M. D.

Native of

Occupetion

~~Male~~ Female White Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 9 -

~~Husband~~ Wife of John Dorsey

Father's Name

Mother's Neme

Ceuse of Deeth — Primary 161 — Immediate

How long sick

Accident, Suicide, Homicide

Reported by Carroll Record 2-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full

Certificate of Death

Mollie Virginia Esterline

Died at Town: Thurmont — County: Frederick — MARYLAND

Date 189 — Month: Feb. — Day: 20 — Age: Y. 27 M. 6 D. 10 — Native of: Co. Md — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 1

~~Husband~~ / Wife of Nelson Esterline

Father's Name: Emanuel Shindledecker — Mother's Name: Josephine Watson

Cause of Death — Primary: Measles — How long sick: 15 days

Immediate: Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by Morris A Birely M.D.

Address Thurmont Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73888

Attended by Dr. Morris A Binly

of Thurmont

Frd Co Md

Seen by Coroner

of

Information contained in this certificate received from

Name In Full

Certificate of Death

Still Born Flohr infant

Died at Town Near Emmitsburg County Frederick MARYLAND

Date 189 9 Month Feb Day 10 | Age Y. M. D. | Native of Maryland | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Geo A. Flohr Mother's Name Sarah E. Reeves

Cause of Death ~~Primary~~ 161 Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by M. F. Shriff undertaker

Address Emmitsburg Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Samuel H. Eichelberger

of Emmitsburg Md

Attended by Dr. _____

of _____

Information contained in this certificate received from M. F. Shuff undertaker

of Emmitsburg Md

Name in Full — Gilbert

Certificate of Death

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: Feb. Day: 26 Age Y. M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced Number of children living

Husband / Wife of X

Father's Name: Charles Gilbert Mother's Name: 138th

Cause of Death — Primary: Premature Birth 7th month. How long sick X

Immediate: Prematurity. ~~Accident, Suicide, Homicide~~

Reported by Frank H. Hedges

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John Z Goings

Died at Town near Pearl County Frederick MARYLAND

Date 1899 Month February Day 7 Age Y. 17 M. 7 D. 11 Native of County Occupation ——

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife ——

Father's Name Daniel Goings

Mother's Name Georgianna Goings

Cause of Death

Primary

Immediate Pneumonia 72

How long sick

Accident, Suicide, Homicide

Reported by C. C. Carty Undertaker

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838

Attended by Dr. Stone Mt Pleasant Tel

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full: Harry Hauch Hamilton

Certificate of Death

Died at Town: Frederick City County: —

MARYLAND

Date 1899 Month: 2 Day: 2 Age Y.: 0 M.: 7 D.: Native of: — Occupation: —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Geo Hamilton

Mother's Name: Della Stone

Cause of Death: Primary: Inflammation of bowels — How long sick: Twirks

Immediate: Inanition 82 — Accident, Suicide, Homicide

Reported by: Hy P Fahrney MD

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full

Ambrose E. Harn

Certificate of Death

Died at Town: Unionville County: Frederick MARYLAND

Date 1899 Month: Feb. Day: 26 Age Y.: 35 M.: 11 D.: 23 Native of: Md. Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3 -

Husband / Wife of Fannie Lindsay

Father's Name Wesley E. Harn

Mother's Name Urith Mannahan

Cause of Death: Primary Nephritis.

Immediate Heart failure

How long sick: In bed one week sick 2 years -

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Thomas P. Sappington

Address Unionville Fredk. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Charles Helfenstine

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: Feb Day: 14 Age Y. M. D.: 24. Native of: Frederick Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living, 1

Husband / Wife of Annie MacGill

Father's Name Cyrus Helfenstine Mother's Name Anna Helfenstein

Cause of Death: Primary Pulmonary tuberculosis How long sick 5 years

Immediate Heart failure 22a Accident, Suicide, Homicide

Reported by F. F. Smith

Address 40 East 2d Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full: Edward B Holland

Certificate of Death

Died at: near Burkittsville (Town) Fd. (County) MARYLAND

Date 1899 Month: Feb Day: 13th Age Y. 1 M. 11 D. 20 Native of: near Burkittsville Occupation:

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name: Edward Holland Mother's Name:

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by: Josephus Karn

Address: Burkittsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. E. E. Howell

of Burtonsville

Dr did not see child but sent medicine

Attended by Dr. always was very Delicate

of

Information contained in this certificate received from Edward Holland

of Burtonsville Md.

Name in Full Asbury Hemphill Hunt

Certificate of Death

Died at Town Ferdsnik County Fredk MARYLAND

Date 1899 Month 2 Day 3 Age Y. 8 M. 8 D. 6 12 Native of Md Occupation Merchant

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower Number of children living 3

Husband ~~Wife~~ of Miss Mr Landhant Herring

Father's Name Job Hunt Mother's Name Mary Boyd

Cause of Death Primary Prostatitis 104 How long sick One week

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Dr Wm Crawford Johnson

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full Phillip Jones

Certificate of Death

Died at Town Redwood County MARYLAND

Date 189 9 Month Feby Day 9 Age Y 8 M. 4 D. Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 8 c

Husband of Wife

Father's Name Harry Jones

Mother's Name Laura Jones

Cause of Death Primary Bronchial Croup. How long sick Fredays

Immediate Asthenia Accident, Suicide, ~~Homicide~~

Reported by Ira J. Wilbundy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Sister Mary "Virginia" Joyce

Died at Town Emmitsburg County Frederick MARYLAND

Date 1899 Month 2. Day 21. Age Y. 74. M. 4. D. 27 Native of New York Occupation Sister of Charity

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name David Joyce Mother's Name Susan Hall

Cause of Death: Primary Arteriosclerosis 5-5 How long sick

Immediate Senile Gangrene Accident, Suicide, Homicide

Reported by John B. Brown

Address Emmitsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7888R

Attended by Dr. John B. Brown
Emmitsburg

Seen by Coroner _____

of _____

Information contained in this certificate received from Sr. M. Rose Jenkins, Treas.
of St. Joseph's Academy
Emmitsburg

Name in Full: Freda Kern

Certificate of Death

Died at — Town: Thurmont — County: Frederick — MARYLAND

Date 1899 — Month: Feb — Day: 12 — Age: Y. 1 M. 0 D. 1 — Native of: Thurmont — Occupation: X X X

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: X X

Father's Name: Adam Kern — Mother's Name: Freda Dieringer

Cause of Death — Primary: Measels 5 — How long sick: Ten days

Immediate: Capillary Bronchitis — ~~Accident, Suicide, Homicide~~

Reported by: E. C. Kefauver M.D.

Address: Thurmont. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full Sophie Phillipina Kern

Certificate of Death

Died at Town Thurmont County Frederick — MARYLAND

Date 1899 Month Feb. Day 13 Age Y. 10 M. 10 D. 21 Native of Thurmont Occupation X —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife X X X 5

Father's Name Adam Kern Mother's Name Freda Dieringer

Cause of Death Primary Measels and Asthma How long sick 2 weeks

Immediate Lobular Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Dr. E. C. Kefauver

Address Thurmont, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mrs C A Kidwell

Died at Town: Brunswick County: Frederick MARYLAND

Date 189 9 Month: 2 Day: 14 Age Y.: 66. M.: 2 D.: 20 Native of: Maryland Occupation: Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6 —

Husband / Wife of D H Kidwell

Father's Name —

Mother's Name —

Cause of Death — Primary: Senile Debility 141 — How long sick

Immediate: Dropsy — Accident, Suicide, Homicide

Reported by Dr H H Medyer

Address Brunswick md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65065

Received 2-14-89

9 P.M.

Name In Full

Certificate of Death

Frederick A Kinnamon

Died at Emmitsburg Town, Frederick County, MARYLAND

Date 1899 Month Feb Day 24 | Age Y. 4 M. 7 D. 2 | Native of Maryland | ~~Occupation~~

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of Child

Father's Name Frederick Kinnamon | Mother's Name Margaret Rosenstiel

Cause of Death — Primary 72 — How long sick 4 days

Immediate Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by Joseph Hoke

Address Emmitsburg Maryland

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79878

Attended by Dr. J. W. Eichelberger Co
of Emmitsburg Frederick
Md

seen by Coroner

of

Information contained in this certificate re-
ceived from Family.
of

Name in Full: Hannah Krist

Certificate of Death

Died at: Town: Lib District — County: Grid — MARYLAND

Date 1899 — Month: Feb — Day: 23 — Age: Y. 85 M. D. 17 — Native of: Maryland — Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: 1 daughter

Husband / Wife of: William Krist Dec

Father's Name: Unknown — Mother's Name: Unknown

Cause of Death: Primary: Heart trouble 57 — ~~How long sick~~

Immediate: Found dead — ~~Accident, Suicide, Homicide~~

Reported by: J. Thomas Sim.

Address: Liberty town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65262

Name in Full | Certificate of Death

Mrs Mamie Marble.

Died at Town: Frederick | County: Frederick | MARYLAND

Date 1899 Month: Feb Day: 20 | Age Y. 34 M. — D. — | Native of: Maryland | Occupation: House Work.

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Three.

~~Husband~~ Wife of Lewis Marble.

Father's Name Josh H. Cross | Mother's Name Eliza Ann Cross

Cause of Death: Primary Fibroid Phthisis. | How long sick 1 year.

Immediate Strangulation — 77 | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. F. Getzendanner Law

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Julia Ann Martin

Died at Town: Near Woodville County: Frederick MARYLAND

Date 1899 Month: Feby Day: 12 Age Y. 70 M. 8 D. 25 Native of Md Occupation wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Tobias Martin

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 How long sick 5 days

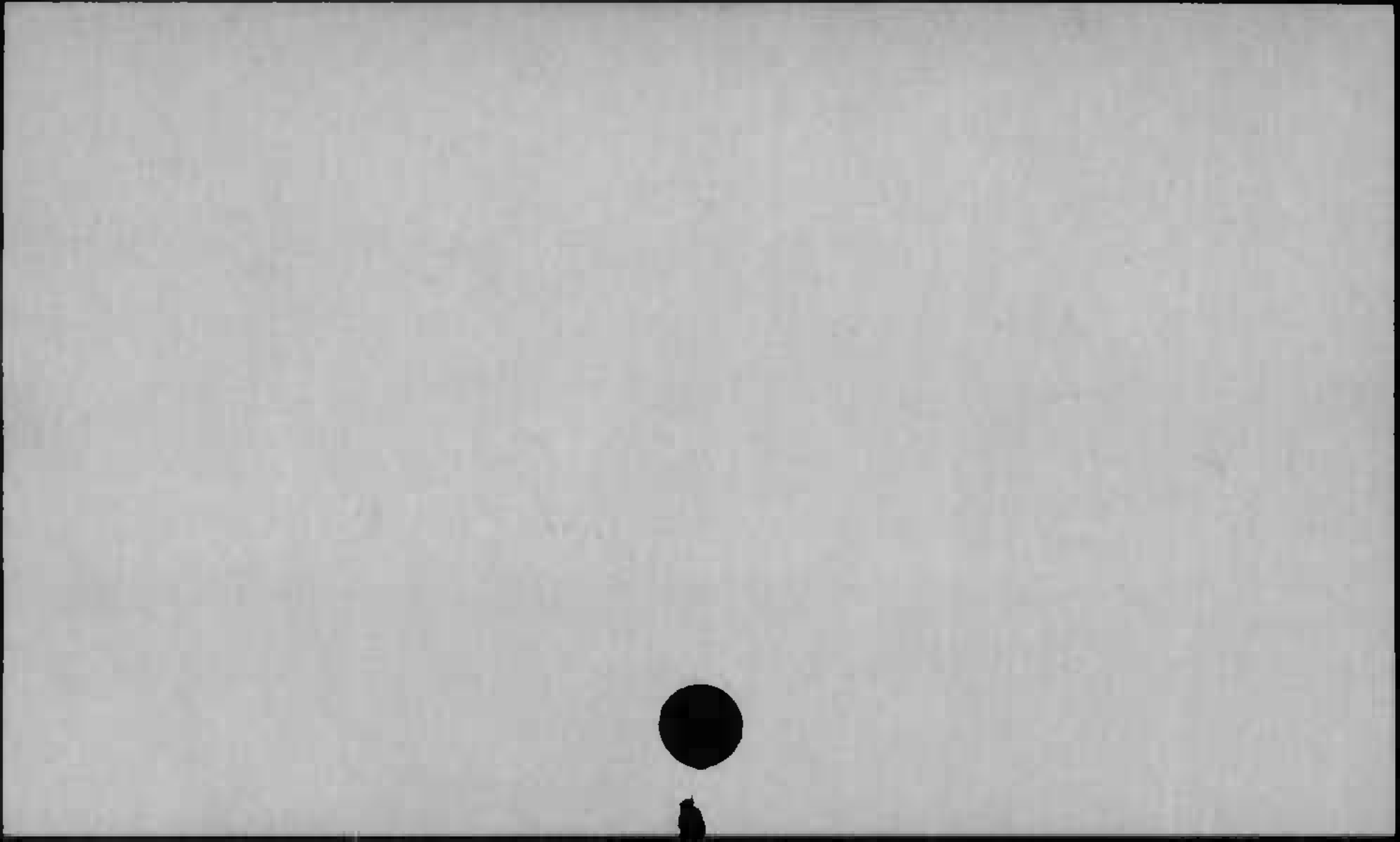
Immediate Exhaustion Accident, Suicide, Homicide

Reported by D. M. Dwelbiss

Address Woodville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65063



Name In Full

Certificate of Death

J. Hood Matthews

Died at Town: New London County: Frederick MARYLAND

Date 1899 Month: Feb. Day: 7

Age Y.: 39 M.: D.:

Native of: Maryland

Occupation: Farmer

~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~

Number of children living 2

Husband ~~Wife~~ of Hallie Downey Matthews

Father's Name: Henry Matthews

Mother's Name:

Cause of Death: Primary: Angina Pectoris 5-8 How long sick

Immediate

~~Accident, Suicide, Homicide~~

Reported by Dr. Howard N. Hopkins

Address New Market, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988S

Name in Full

Certificate of Death

alice R. Motter

Died at Town: Emmitsburg County: Frederick MARYLAND

Date 189 9 Month: Feb Day: 13 | Age Y. 82 M. D. | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

~~Husband~~ Wife of Lewis M. Motter

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 | How long sick 2 days

Immediate | ~~Accident, Suicide, Homicide~~

OVER

Reported by M. F. Shuff Undertaker

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr. R. L. Inman

of Emmitsburg Md

Seen by Coroner _____

of _____

Information contained in this certificate received from W. F. Shuff

of Emmitsburg Md

Name In Full Infant Myers

Certificate of Death

Died at Town Emmitsburg County Frederick MARYLAND

Date 189 9 Month Feb 1 Day 22 | Age Y. 7 M. D. | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of Wife

Father's Name William Myers Mother's Name Annie Rosensteel

Cause of Death: Primary Blood Poison 161 — How long sick 7 days

Immediate — ~~Accident, Suicide, Homicide~~

Reported by W. F. Shuff Undertaker

Address Emmitsburg MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Attended by Dr. L. L. Dorman

of Emmitsburg MD

Attended by Dr. _____

of _____

Information contained in this certificate was

received from M. F. Shuff Undertaker

of Emmitsburg MD

Name in Full

Certificate of Death

Elmer Reid

Town

Died at Brunswick

County

Frederick

MARYLAND

Date 189 4 Month Feb Day 17

Age Y. 2 M. 6 D.

Native of amerca

Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband / Wife of

Father's Name William Reid

Mother's Name Anna Reid

Cause of Death: Primary Influenza with Pneumonia — How long sick 12 days

Immediate Heart Failure — Accident, Suicide, Homicide

Reported by A. G. Horine M. D.

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65869

Received 2-17-94

10:10 a.m.

Name in Full: Virgia Neild

Certificate of Death

Died at Town: Brunswick County: Frederick MARYLAND

Date 189 9 Month 2 Day 27 Age Y. M. D. 5 - Native of Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: William Neild Mother's Name: Anna Neild

Cause of Death: Primary Pneumonia 72 How long sick 2 weeks

Immediate

Accident, Suicide, Homicide

Reported by Dick Eigen-Tech

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Received 2 27, 99

9 a.m.

Name in Full: Raymond Alvin Neighbors

Certificate of Death

Died at — Town: Buckeystown — County: Frederick — MARYLAND

Date 1899 — Month: Feb — Day: 16 — Age: Y. 16 M. 11. D. 18 — Native of: Md. — Occupation: Student.

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: F. R. Neighbors

Mother's Name: Adelia Jones.

Cause of Death — Primary: Haemoptysis — 77 — How long sick: A few days.

Immediate: ~~Hedah~~ Fallen. — ~~Accident, Suicide, Homicide~~

Reported by: T. B. Johnson MD

Address: Adamstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Ettie Viola Pearl

Certificate of Death

Died at — Town: Thurmont — County: Frederick — MARYLAND

Date 1899 — Month: Feb — Day: 6th — Age: Y. 2 M. – D. – — Native of: Thurmont — Occupation: + + +

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Wm Pearl — Mother's Name: Ida Grushon

Cause of Death — Primary: Measels 5. — How long sick: Two weeks

Immediate: Broncho Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by: E. C. Kefauver M.D.

Address: Thurmont Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr._____

of _____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full | Certificate of Death

John Plook of H

Died at Town Burkettsville County Frederick MARYLAND

Date 1899 Month 2 Day 4 | Age Y. 80 M. — D. 24 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 9

Husband / Wife of Miss McBride

Father's Name Henry | Mother's Name

Cause of Death: Primary Dropsy 15 5 a | How long sick

Immediate | Accident, Suicide, Homicide

Reported by C H Feet & Bro OVER

Address OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Attended by Dr. C N Schildknecht

of

Seen by Coroner

of

Information contained in this certificate received from Mr. Oliver J Clark

of Burkettsville

Name in Full — Certificate of Death

Irene Ellen Proctor

Died at Town: Doubs, County: Frederick Co — MARYLAND

Date 1899 Month: Feb Day: 21 | Age Y.: 8 M.: 4 D.: 1 | Native of: Doubs, Md | Occupation: ———

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 3

~~Husband~~ ~~Wife~~ of

Father's Name: Augustus Proctor | Mother's Name: Susanna Sager

Cause of Death — Primary: Acute Meningitis | How long sick: 1 wk.

Immediate: Coma. 39 a

Accident, Suicide, Homicide

Reported by: J. B. Johnson MD

Address: Adamstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name in Full

Certificate of Death

Mrs. Mary Ann Ridenbaugh

Died at Town Brunswick County Frederick MARYLAND

Date 1899 Month 2 Day 24 | Age Y. 64 M. D. | Native of Md | Occupation Domestic

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living 3

Husband / Wife of Widow of Adam Ridenbaugh

Father's Name Maiden Name | Mother's Name Blessing

Cause of Death — Primary Senile Debility 141 — How long sick

Immediate Dropsy — Accident, Suicide, Homicide

Reported by Dr. Fred Elgin

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065

Received 2-25-99
8.30 PM

Name in Full Emily Rigg

Certificate of Death

Died at Town Jamsville County Frwk MARYLAND

Date 1899 Month 2 Day 9 Age Y. 78 M. D. Native of Frwk Co Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Don't Know

Mother's Name Don't Know

Cause of Death: Primary Influenza 9

Immediate Heart failure

How long sick One week

~~Accident, Suicide, Homicide~~

Reported by J W Downey MD

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

This is my last report of death unless I am furnished with addressed stamp'd envelopes.
Also note same concerning report of births.

J W Downey

Name in Full: Elmer Roberts

Certificate of Death

Died at — Town: Knoxville — County: Frederick — MARYLAND

Date 1899 — Month: Feb — Day: 23 — Age: Y. 1, M. 10, D. 9 — Native of: Md — Occupation: ——

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — Number of children living

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: James Roberts

Mother's Name: Mary Hankey

Cause of Death — Primary: Bronchi Pneumonia — How long sick: 3 weeks

Immediate: Eclampsia. 71 — Accident, Suicide, Homicide

Reported by: Levin West

Address: Brunswick Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Received 3-1-94

1235 PM

Name In Full Michael. Roberts.

Certificate of Death

Died at Lewistown (Town) Frederick (County) MARYLAND

Date 1899 Feb (Month) 13 (Day) | Age Y. 73 M. 11 D. 19 | Native of Lewistown | Occupation Farmer.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Mary C. Jackson.

Father's Name Wm. Roberts | Mother's Name X

Cause of Death: Primary La Grippe 9 | How long sick 2 Weeks.

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Jas. Creagers Son Funeral Director

Address Thurmont Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Neibours.
of Lewistown.

~~Seen by Coroner~~
~~of~~

Information contained in this certificate received from Mrs. Mary Roberts
of Lewistown Ind

Name in Full

D M Shewbridge.

Certificate of Death

Died at Town: Brunswick County: Frederick MARYLAND

Date 1899 Month: 2 Day: 26 Age Y.: 9 M.: 5 D.: 2 Native of: Washington Co. Occupation: ——

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widower~~ / ~~Widowed~~ — ~~Divorced~~ — Number of children living

Husband / Wife of ~~[illegible] Shewbridge.~~

Father's Name: J M Shewbridge. Mother's Name: S. A. Shewbridge

Cause of Death — Primary: Septicaemia. How long sick: 3 days

Immediate: 14

Accident, Suicide, Homicide

Reported by: Dr H. S. Hedges

Address: Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F6958

Received 2-26 99
6.50 PM

Name In Full

Certificate of Death

George Six

Died at Town Emmitsburg County Frederick MARYLAND

Date 1899 Month Feb Day 12 Age Y. 27 M. 11 D. 2 Native of Maryland Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living None

Husband ~~Wife~~ of Annie A Hardman

Father's Name David S. Six Mother's Name Mary Hulenberry

Cause of Death Primary Typhoide Fever How long sick 26 Days

Immediate ~~Accident, Suicide, Homicide~~

Reported by M. F. Shuff Undertaker

Address Emmitsburg Frederick Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. R. L. Burns
of Emmitsburg Md

Information contained in this certificate received from W. F. Shuff Undertaker
of Emmitsburg Md

Name in Full Charles F. Smith

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Feb Day 19 | Age Y. 1 M. 1 D. 23 | Native of Frederick | Occupation Clerk

Male ~~Female~~ ~~Married~~ Colored Single ~~Widower~~ ~~Divorced~~

~~Husband~~ ~~Wife~~

Father's Name Charles H. Smith Mother's Name Addie Smith

Cause of Death: Primary Carcinoma Bronchitis | How long sick 3 days.

Immediate & Contributory 71

~~Accident~~, Suicide, ~~Homicide~~

Reported by M. L. Long

Address 161 S. Market Street City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full: Frank Smith

Certificate of Death

Died at — Town: Johnsville — County: Frederick — MARYLAND

Date 1899 — Month: Feb. — Day: 11 — Age: Y. 35 or M. 36 D. yrs — Native of: Md. Carroll Co. — Occupation: Farm Labour

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: two

Husband / Wife of: Martha Hiltz

Father's Name: Don't know — Mother's Name: Harriet Greene

Cause of Death — Primary: Exposure to cold — How long sick: a few minutes

Immediate: Heart Failure — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: F. H. Sidwell 155 b

Address: Johnsville Fredk Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Grace Louise West. Snoots

Certificate of Death

Died at — Town: Knoxville — County: Frederick — MARYLAND

Date 189 9 — Month: Feb. — Day: 9 — Age: Y. 9 M. 16 D. — Native of: Md — Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: Samuel R. Snoots — Mother's Name: Mary A. Dawson

Cause of Death — Primary: Tubercular Meningitis — How long sick: 2 months

Immediate: " " — Accident, Suicide, Homicide

22 b

Reported by: Levin West

Address: Brunswick — Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Received 3-1-94
12.35 m

Name in Full Joseph Sonders

Certificate of Death

Died at Town near Catoctin County Frederick MARYLAND

Date 1899 Month 3 Day 7 Age Y. 35 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name 152a

Cause of Death Primary Killed by a stray rock falling on him & suffocation. How long sick

~~Immediate~~ Accident, Suicide, Homicide

Reported by Dorchester Standard 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name in Full

Sarah L. Stridder

Certificate of Death

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: Feb Day: 24 Age Y. 50 M. — D. — Native of: Maryland Occupation: H. Work

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of John Carroll

Father's Name — Mother's Name —

Cause of Death: Primary Cardiac Dropsy. 57 How long sick about 6 months

Immediate Cardiac Dropsy. ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Hr. Getzendammerlund

Address Frederick Lund.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name in Full

Certificate of Death

No name Tyler

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 2 Day 14 Age Y. M. D. few minutes Native of Negro Occupation ~~[illegible]~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife x

Father's Name Unknown 138 Mother's Name Hattie Tyler

Cause of Death Primary Premature - 7 mos - How long sick x

Immediate Ignorance & Inattention upon part of mother (No attendant) Accident, Suicide, Homicide

Reported by Franklin Buchanan [redacted] Insert Md. who was called 12 hours after birth because placenta did not pass -

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wachter

Certificate of Death

Town Frederick County Frederick MARYLAND

Died ~~at~~ near

Date 1899 Month 2 Day 21 Age Y. 10 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name David M. Wachter Mother's Name 152a

Cause of Death Primary Smothered to death

Immediate in a trunk

How long sick

~~Accident, Suicide~~, Homicide

Reported by Cumberland Independent

Address 2-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full

Jacob Heller

Certificate of Death

Died at Thurmont (Town) Frederick (County) MARYLAND

Date 1899 Month Feb Day 6th | Age Y. 78. M. — D. — | Native of Thurmont | Occupation Blacksmith

Male / Female (X) | White / Colored (X) | Married / Single (X) | Widow (X) / Widower | Divorced (X)

Number of children living Three

Husband of Wife

Father's Name Jacob Heller

Mother's Name ——— Love.

Cause of Death — Primary: Hemiplegia 42 — How long sick: One month

Immediate: Heart Failure

Accident, Suicide, Homicide

Reported by E. E. Kefauver M.D.

Address Thurmont Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Elizabeth Wills

Died at Emmitsburg (Town) Frederick Co (County) MARYLAND

Date 189 9 Month Feb Day 27

Age Y. M. D.

Native of Maryland

Occupation

~~Male~~, Female

White, ~~Colored~~

~~Married~~, ~~Single~~, Widow, ~~Widower~~, Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Joseph Hoke

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79P98

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certific[illegible]

ceived from All me Could get

of _____

Name in Full — Certificate of Death

Catharine Yost

Died at Town: Frederick — County: X — MARYLAND

Date 1899 — Month: 2 — Day: 5 — Age: Y. 73 — M. 9 — D. X — Native of: Prussia — Occupation: X

~~Male~~ — White — Married — ~~Widow~~ — Divorced

Female — ~~Colored~~ — ~~Single~~ — Widower — Number of children living

Husband ~~Wife~~ of Geo Yost

Father's Name — Eichner — Mother's Name X

Cause of Death: Primary — Pneumonia — 72 — How long sick: Dont know

Immediate — Sick probably a wk but attended only 1 day — Accident, Suicide, Homicide

Reported by Franklin Buchanan Smith

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968